

MINUTES**IN THE UNITED STATES DISTRICT COURT FOR THE
MIDDLE DISTRICT OF ALABAMA, NORTHERN DIVISION**

HON. CHARLES S. COODY	AT	Montgomery, Alabama
DATE COMMENCED: 12/12/06	AT	Digital Recorded: 10:01 - 10:05
DATE COMPLETED: 12/12/06	TO	
IN THE MATTER OF THE SEIZURE OF:	*	
	*	
	*	
Contents of Compass Bank Account Number 87330605 in the Name of Rapid Drywall Subcontractors, Inc.	*	CASE NO. 2:06-MJ-109-CSC
	*	
	*	
	*	
Contents of Compass Bank Account Number 26555744 in the Name of Octavio Trejo Patino and Ronda Baird	*	CASE NO. 2:06-MJ-110-CSC
	*	
	*	
	*	
Contents of Compass Bank Account Number 28071124 in the Name of Barbara S. Haynes and Ronda Baird	*	CASE NO. 2:06-MJ-111-CSC
	*	
	*	
	*	
Contents of Compass Bank Account Number 22141694 in the Name of Ronda S. Baird	*	CASE NO. 2:06-MJ-112-CSC
	*	
	*	
	*	
Contents of Compass Bank Account Number 16107174 in the Name of Chre' Shawntae Houston, Ronda Baird Custodian	*	CASE NO. 2:06-MJ-113-CSC
	*	
	*	
	*	
Contents of Compass Bank Account Number 16107166 in the Name of Octavio Trejo Patino, Jr., Ronda Baird Custodian	*	CASE NO. 2:06-MJ-114-CSC
	*	
	*	

PLAINTIFF**APPEARANCES:****DEFENDANT****Atty. John Harmon****Atty. Mark A. Treadwell****COURT OFFICIALS PRESENT:****Court Room Deputy: WANDA STINSON****() NON-JURY TRIAL****(X) OTHER PROCEEDINGS: Hearing on Motion to Release Funds****SEE MINUTES ATTACHED**

LOG OF PROCEEDINGS ELECTRONICALLY RECORDED			
Description	Motion hrg.: 06mj109, 06mj110, 06mj111, 06mj112, 06mj113, 06mj114		
Date	12/12/2006	Location	Courtroom 4B
Time	Speaker	Note	
10:02:02 AM	Court	Court convenes; parteis present as noted; Discussions as to the motion to release funds;	
10:02:26 AM	Atty. Harmon	Addresses the court as to opposing counsel to present evidence on the matter to the court;	
10:02:33 AM	Atty. Treadwell	Response; Have an exhibit that provides the signature cards for accounts marked as Deft's Exh. #1; The agreement reached corresponds with the account numbers; There was \$540, 000 or right at \$550,00 from various accts seized, and the agreement was to release \$50,000 from the accts;	
10:04:00 AM	Court	Is the govt. satisfied that these accts. are the accts. of the debts?;	
10:04:07 AM	Atty. Harmon	We are; In our agreement the debts claimed ownership of all accept one account, which was a small amount;	
10:04:24 AM	Atty. Treadwell	Discussion as to the Rapid Dry Wall account, that the signature authorization shows a Barbara Hanes was a joint depositor, she was their bookkeeper who had some access to operate the payroll;	
10:05:06 AM	Court	Court is satisfied with exhibit and will grant that motion; court is recessed.	

NON-CONSUMER DEPOSIT ACCOUNT SIGNATURE CARD

Date 11-4-02	Prepared By T. R. R.	State, Branch No. & Cost Center AL 407 30305
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☒ New Account ☐ Change Authorized Signers** ☐ Name Change**

** New Resolution is required

The undersigned agree(s) to the terms of the Agreement for Non-Consumer Deposit Accounts and acknowledge(s) receipt of a copy of the Agreement and a current interest and service charge schedule or disclosure.

ONLY ONE ACCOUNT PER CARD

USE BLACK MEDIUM POINT PEN

ACCOUNT NAME		
TAXPAYER IDENTIFICATION NUMBER 582641893	NO. SIG. REQUIRED 1	BANK NO. ACCOUNT NO. 077 87330605

Name Ronda Baird Title _____

Signature Ronda Baird

Name _____ Title _____

Signature _____

Name _____ Title _____

Signature _____

Name _____ Title _____

Signature _____

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

(Refer to the Disclosure Booklet for Non-Consumer Accounts for a complete explanation of Backup Withholding Regulations.)
Under penalties of perjury, I certify that:

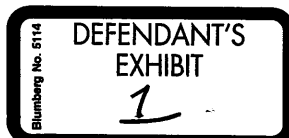
1. The Internal Revenue Service has not advised me that I am currently subject to backup withholding unless I check this block. ☐
2. ☒ The number shown above is the correct Taxpayer Identification Number for tax reporting purposes; OR
☐ A Taxpayer Identification Number has been, or soon will be, applied for; OR
☐ Based on Internal Revenue Service regulations, I am an exempt recipient and not subject to Backup Withholding.

Authorized Signature Ronda Baird

Rev. 7/97

BRANCH COPY

(JetForm - NONPRSIG) AL/FL/TX





PERSONAL DEPOSIT ACCOUNT SIGNATURE CARD

Date 06/04/2004	Prepared By Melissa Mennifield	State, Branch No & Cost Center AL 407 30305
<input checked="" type="checkbox"/> New Account <input type="checkbox"/> Name Change <input type="checkbox"/> Add Party to Account <input type="checkbox"/> Appoint Successor Custodian		

ONLY ONE ACCOUNT PER CARD - USE BLACK MEDIUM POINT PEN

PARTIES TO THE ACCOUNT (NAME ONE OR MORE PARTIES)		
CHRE' SHAWNIAE HOUSTON		
SOCIAL SECURITY NUMBER 422-39-7081	BANK NO 077	ACCOUNT NO 16107174

RIGHTS AT DEATH (select one):

- ☐ SINGLE-PARTY ACCOUNT At death of party, ownership passes as part of party's estate ☐ MULTIPLE-PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP AND POD (PAY ON DEATH) DESIGNATION (Name one or more beneficiaries)
- ☐ SINGLE-PARTY ACCOUNT WITH POD (PAY ON DEATH) DESIGNATION (Name one or more beneficiaries)

At death of last surviving party, ownership passes to POD beneficiaries and is not part of last surviving party's estate

*FLORIDA ONLY AND HUSBAND AND WIFE ONLY

Compass Bank does not offer account ownership in the form of Joint Tenants by the Entirety. If you are a married couple who jointly own a survivorship account, the form of that account ownership is Joint Tenants with the right of survivorship. Joint Tenants by the Entirety is specifically disclaimed.

At death of party, ownership passes to POD beneficiaries and is not part of party's estate.

- ☐ MULTIPLE-PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP At death of party, ownership passes to surviving parties

ACCOUNT AGREEMENT: By signing below, Customer (1) requests a deposit account with Compass Bank, (2) acknowledges receiving a copy of the Disclosure Booklet for Consumer Accounts and either the Disclosure for Interest Earning Consumer Accounts or the Disclosure for Non-Interest Earning Consumer Accounts, and (3) agrees to the terms and conditions of the account provided in those disclosures. If this form is being used to add a party to the account or appoint a successor custodian, the existing party agrees to the addition or change by signing this card.

Name CHRE' SHAWNIAE HOUSTON

Name RONDA S BAIRD

Signature NO SIGNATURE REQUIRED FOR BENEFICIARY

Signature Ronda Sue Baird

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

(Refer to the Disclosure Booklet for Consumer Accounts for a complete explanation of Backup Withholding Regulations)

Under penalties of perjury, I certify that:

- The Internal Revenue Service has not advised me that I am currently subject to backup withholding unless I check this block. ☐
- I am a U.S. person (including a U.S. resident alien) unless I check this block. ☐
- ☒ The Social Security Number shown above is the correct Taxpayer Identification Number; OR
 - ☐ I have applied for a Social Security Number (If number is not provided within 60 days, the account will be closed. If a withdrawal of \$500 or more is made prior to the Bank's receipt of this number, the Bank will withhold 28% from interest payments), OR
 - ☐ All owners of this account are nonresident aliens and each owner has provided the appropriate completed Form W-8.

Signature of Tax Record Owner Ronda Sue Baird

ATM CARD APPLICATION

Sign me up for the fee schedule indicated

- ☐ Per-Transaction Charge ☐ Monthly Fee ☐ Annual Fee

- ☐ I AM APPLYING FOR A COMPASS CHECK CARD

☐ PIN for Compass Check Card selected on Demomate
 Demomate ID No. (7 digits) _____ Related Offset No. (5 digits) _____

- ☐ ADDING LISTED ACCOUNTS TO EXISTING CARD NUMBER _____

- ☐ I ACKNOWLEDGE RECEIPT OF COMPASS COURIER CARD NO _____ AND OF THE COMPASS ATM CARD AGREEMENT AND DISCLOSURE STATEMENT.

I WANT MY CARD TO ACCESS THE FOLLOWING ACCOUNTS (must be an owner on each account)

Chk	Sav	Account Number	Chk	Sav	Account Number	Chk	Sav	Account Number
	P							
	P							

Signature _____

ID (Required) _____

ATM CARD APPLICATION

- ☐ I AM APPLYING FOR A COMPASS CHECK CARD

☐ PIN for Compass Check Card selected on Demomate
 Demomate ID No. (7 digits) _____ Related Offset No. (5 digits) _____

- ☐ ADDING LISTED ACCOUNTS TO EXISTING CARD NUMBER _____

- ☐ I ACKNOWLEDGE RECEIPT OF COMPASS COURIER CARD NO _____ AND OF THE COMPASS ATM CARD AGREEMENT AND DISCLOSURE STATEMENT.

I WANT MY CARD TO ACCESS THE FOLLOWING ACCOUNTS (must be an owner on each account)

Chk	Sav	Account Number	Chk	Sav	Account Number	Chk	Sav	Account Number
	P							
	P							

Signature _____

ID (Required) _____



PERSONAL DEPOSIT ACCOUNT SIGNATURE CARD

Date 06/04/2004	Prepared By Melissa Mennifield	State, Branch No. & Cost Center AL 407 30305
<input checked="" type="checkbox"/> New Account <input type="checkbox"/> Name Change <input type="checkbox"/> Add Party to Account <input type="checkbox"/> Appoint Successor Custodian		

ONLY ONE ACCOUNT PER CARD - USE BLACK MEDIUM POINT PEN

PARTIES TO THE ACCOUNT (NAME ONE OR MORE PARTIES)		
OCTAVIO TREJO PATINO JR		
SOCIAL SECURITY NUMBER 418-67-8628	BANK NO 077	ACCOUNT NO 16107166

RIGHTS AT DEATH (select one).

- ☐ SINGLE-PARTY ACCOUNT At death of party, ownership passes as part of party's estate ☐ MULTIPLE-PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP AND POD (PAY ON DEATH) DESIGNATION (Name one or more beneficiaries)
- ☐ SINGLE-PARTY ACCOUNT WITH POD (PAY ON DEATH) DESIGNATION (Name one or more beneficiaries)

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- ☐ MULTIPLE-PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP At death of party, ownership passes to surviving parties

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Name OCTAVIO TREJO PATINO JR

Name RONDA S BAIRD

Signature NO SIGNATURE REQUIRED FOR BENEFICIARY

Signature Ronda S. Baird

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

(Refer to the Disclosure Booklet for Consumer Accounts for a complete explanation of Backup Withholding Regulations.)

Under penalties of perjury, I certify that

- The Internal Revenue Service has not advised me that I am currently subject to backup withholding unless I check this block ☐
- I am a U.S. person (including a U.S. resident alien) unless I check this block. ☐
- ☒ The Social Security Number shown above is the correct Taxpayer Identification Number, OR
 - ☐ I have applied for a Social Security Number (If number is not provided within 60 days, the account will be closed. If a withdrawal of \$500 or more is made prior to the Bank's receipt of this number, the Bank will withhold 28% from interest payments.); OR
 - ☐ All owners of this account are nonresident aliens and each owner has provided the appropriate completed Form W-8.

Signature of Tax Record Owner Ronda S. Baird

ATM CARD APPLICATION

Sign me up for the fee schedule indicated.

- ☐ Per-Transaction Charge ☐ Monthly Fee ☐ Annual Fee

- ☐ I AM APPLYING FOR A COMPASS CHECK CARD ☐ PIN for Compass Check Card selected on Demomate
- ☐ ADDING LISTED ACCOUNTS TO EXISTING CARD NUMBER Demomate ID No. (7 digits) _____ Related Offset No. (5 digits) _____
- ☐ I ACKNOWLEDGE RECEIPT OF COMPASS COURIER CARD NO _____ AND OF THE COMPASS ATM CARD AGREEMENT

I WANT MY CARD TO ACCESS THE FOLLOWING ACCOUNTS (must be an owner on each account):

Chk	Sav	Account Number	Chk	Sav	Account Number	Chk	Sav	Account Number
		P						
		P						

Signature _____

ID (Required) _____

ATM CARD APPLICATION

- ☐ I AM APPLYING FOR A COMPASS CHECK CARD ☐ PIN for Compass Check Card selected on Demomate
- ☐ ADDING LISTED ACCOUNTS TO EXISTING CARD NUMBER Demomate ID No. (7 digits) _____ Related Offset No. (5 digits) _____
- ☐ I ACKNOWLEDGE RECEIPT OF COMPASS COURIER CARD NO _____ AND OF THE COMPASS ATM CARD AGREEMENT

I WANT MY CARD TO ACCESS THE FOLLOWING ACCOUNTS (must be an owner on each account):

Chk	Sav	Account Number	Chk	Sav	Account Number	Chk	Sav	Account Number
		P						
		P						

Signature _____

ID (Required) _____



PERSONAL DEPOSIT ACCOUNT SIGNATURE CARD

Date 09/01/2004	Prepared By Sharon L. Elmore	State, Branch No. & Cost Center AL 407 30305
<input checked="" type="checkbox"/> New Account <input type="checkbox"/> Name Change <input type="checkbox"/> Add Party to Account <input type="checkbox"/> Appoint Successor Custodian		

ONLY ONE ACCOUNT PER CARD - USE BLACK MEDIUM POINT PEN

PARTIES TO THE ACCOUNT (NAME ONE OR MORE PARTIES)	
RONDA S BAIRD	
SOCIAL SECURITY NUMBER 416-92-8619	BANK NO 077
	ACCOUNT NO 22141694

RIGHTS AT DEATH (select one):

- ☒ SINGLE-PARTY ACCOUNT At death of party, ownership passes as part of party's estate ☐ MULTIPLE-PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP AND POD (PAY ON DEATH) DESIGNATION (Name one or more beneficiaries)
- ☐ SINGLE-PARTY ACCOUNT WITH POD (PAY ON DEATH) DESIGNATION (Name one or more beneficiaries)

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- ☐ MULTIPLE-PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP At death of party, ownership passes to surviving parties

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Name RONDA S BAIRD

Name _____

Signature Ronda See Baird

Signature _____

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

(Refer to the Disclosure Booklet for Consumer Accounts for a complete explanation of Backup Withholding Regulations.) Under penalties of perjury, I certify that:

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- I am a U S person (including a U S resident alien) unless I check this block. ☐
- ☒ The Social Security Number shown above is the correct Taxpayer Identification Number, OR
 - ☐ I have applied for a Social Security Number (If number is not provided within 60 days, the account will be closed. If a withdrawal of \$500 or more is made prior to the Bank's receipt of this number, the Bank will withhold 28% from interest payments.), OR
 - ☐ All owners of this account are nonresident aliens and each owner has provided the appropriate completed Form W-8

Signature of Tax Record Owner Ronda See Baird

ATM CARD APPLICATION

Sign me up for the fee schedule indicated

- ☐ Per-Transaction Charge ☐ Monthly Fee ☒ Annual Fee

☐ I AM APPLYING FOR A COMPASS CHECK CARD

☐ PIN for Compass Check Card selected on Demomate

☐ ADDING LISTED ACCOUNTS TO EXISTING CARD NUMBER

Demomate ID No. (7 digits) 0000000 Related Offset No. (5 digits) 00000

☐ I ACKNOWLEDGE RECEIPT OF COMPASS COURIER CARD NO _____ AND DISCLOSURE STATEMENT

AND OF THE COMPASS ATM CARD AGREEMENT

I WANT MY CARD TO ACCESS THE FOLLOWING ACCOUNTS (must be an owner on each account)

Chk	Sav	Account Number	Chk	Sav	Account Number	Chk	Sav	Account Number
X	P	0022141694						
	P							

Signature Ronda See Baird

ID (Required) 6371932

ATM CARD APPLICATION

☐ I AM APPLYING FOR A COMPASS CHECK CARD

☐ PIN for Compass Check Card selected on Demomate

☐ ADDING LISTED ACCOUNTS TO EXISTING CARD NUMBER

Demomate ID No. (7 digits) _____ Related Offset No. (5 digits) _____

☐ I ACKNOWLEDGE RECEIPT OF COMPASS COURIER CARD NO _____ AND DISCLOSURE STATEMENT

AND OF THE COMPASS ATM CARD AGREEMENT

I WANT MY CARD TO ACCESS THE FOLLOWING ACCOUNTS (must be an owner on each account)

Chk	Sav	Account Number	Chk	Sav	Account Number	Chk	Sav	Account Number
	P							
	P							

Signature _____

ID (Required) _____



PERSONAL DEPOSIT ACCOUNT SIGNATURE CARD

Date 09/01/2004	Prepared By Sharon L. Elmore	State, Branch No & Cost Center AL 407 30305
<input checked="" type="checkbox"/> New Account <input type="checkbox"/> Name Change <input type="checkbox"/> Add Party to Account <input type="checkbox"/> Appoint Successor Custodian		

ONLY ONE ACCOUNT PER CARD - USE BLACK MEDIUM POINT PEN

PARTIES TO THE ACCOUNT (NAME ONE OR MORE PARTIES)		
RONDA S BAIRD		
SOCIAL SECURITY NUMBER 416-92-8619	BANK NO 077	ACCOUNT NO 22141694

RIGHTS AT DEATH (select one)

- ☒ SINGLE-PARTY ACCOUNT At death of party, ownership passes as part of party's estate ☐ MULTIPLE-PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP AND POD (PAY ON DEATH) DESIGNATION (Name one or more beneficiaries)
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Name RONDA S BAIRD

Name _____

Signature Ronda See Baird

Signature _____

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

(Refer to the Disclosure Booklet for Consumer Accounts for a complete explanation of Backup Withholding Regulations.) Under penalties of perjury, I certify that:

- The Internal Revenue Service has not advised me that I am currently subject to backup withholding unless I check this block ☐
- I am a U.S. person (including a U.S. resident alien) unless I check this block. ☐
- ☒ The Social Security Number shown above is the correct Taxpayer Identification Number, OR
 - ☐ I have applied for a Social Security Number (If number is not provided within 60 days, the account will be closed. If a withdrawal of \$500 or more is made prior to the Bank's receipt of this number, the Bank will withhold 28% from interest payments), OR
 - ☐ All owners of this account are nonresident aliens and each owner has provided the appropriate completed Form W-8

Signature of Tax Record Owner Ronda See Baird

ATM CARD APPLICATION

Sign me up for the fee schedule indicated

☐ Per-Transaction Charge

☐ Monthly Fee

☒ Annual Fee

☐ I AM APPLYING FOR A COMPASS CHECK CARD

☐ PIN for Compass Check Card selected on Demomate

☐ ADDING LISTED ACCOUNTS TO EXISTING CARD NUMBER

Demomate ID No. (7 digits) 0000000 Related Offset No. (5 digits) 00000

☐ I ACKNOWLEDGE RECEIPT OF COMPASS COURIER CARD NO. _____ AND DISCLOSURE STATEMENT

AND OF THE COMPASS ATM CARD AGREEMENT

I WANT MY CARD TO ACCESS THE FOLLOWING ACCOUNTS (must be an owner on each account):

Chk	Sav	Account Number	Chk	Sav	Account Number	Chk	Sav	Account Number
X	P	0022141694						
	P							

Signature Ronda See Baird

ID (Required) 6371932

ATM CARD APPLICATION

☐ I AM APPLYING FOR A COMPASS CHECK CARD

☐ PIN for Compass Check Card selected on Demomate

☐ ADDING LISTED ACCOUNTS TO EXISTING CARD NUMBER

Demomate ID No. (7 digits) _____ Related Offset No. (5 digits) _____

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AND OF THE COMPASS ATM CARD AGREEMENT

I WANT MY CARD TO ACCESS THE FOLLOWING ACCOUNTS (must be an owner on each account):

Chk	Sav	Account Number	Chk	Sav	Account Number	Chk	Sav	Account Number
	P							
	P							

Signature _____

ID (Required) _____



PERSONAL DEPOSIT ACCOUNT SIGNATURE CARD

Date 10/14/2005	Prepared By Hannah Dean	State, Branch No & Cost Center AL 407 30305
<input type="checkbox"/> New Account <input type="checkbox"/> Name Change <input checked="" type="checkbox"/> Add Party to Account <input type="checkbox"/> Appoint Successor Custodian		

ONLY ONE ACCOUNT PER CARD - USE BLACK MEDIUM POINT PEN

PARTIES TO THE ACCOUNT (NAME ONE OR MORE PARTIES)		
OCTAVIO TREJO PATINO		
SOCIAL SECURITY NUMBER 618-28-9866	BANK NO 077	ACCOUNT NO 0026555744

RIGHTS AT DEATH (select one):

- ☐ SINGLE-PARTY ACCOUNT At death of party, ownership passes as part of party's estate
☐ SINGLE-PARTY ACCOUNT WITH POD (PAY ON DEATH) DESIGNATION (Name one or more beneficiaries)
☐ MULTIPLE-PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP AND POD (PAY ON DEATH) DESIGNATION (Name one or more beneficiaries)

At death of last surviving party, ownership passes to POD beneficiaries and is not part of last surviving party's estate

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At death of party, ownership passes to POD beneficiaries and is not part of party's estate

- ☒ MULTIPLE-PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP At death of party, ownership passes to surviving parties

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Name OCTAVIO TREJO PATINO

Name RONDA S BAIRD

Signature [Signature]

Signature [Signature]

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

(Refer to the Disclosure Booklet for Consumer Accounts for a complete explanation of Backup Withholding Regulations)

Under penalties of perjury, I certify that

- The Internal Revenue Service has not advised me that I am currently subject to backup withholding unless I check this block ☐
- I am a U.S. person (including a U.S. resident alien) unless I check this block ☐
- ☒ The Social Security Number shown above is the correct Taxpayer Identification Number, OR
☐ I have applied for a Social Security Number (If number is not provided within 60 days, the account will be closed. If a withdrawal of \$500 or more is made prior to the Bank's receipt of this number, the Bank will withhold 28% from interest payments), OR
☐ All owners of this account are nonresident aliens and each owner has provided the appropriate completed Form W-8.

Signature of Tax Record Owner _____

ATM CARD APPLICATION

Sign me up for the fee schedule indicated

- ☐ Per-Transaction Charge ☐ Monthly Fee ☐ Annual Fee

- ☐ I AM APPLYING FOR A COMPASS CHECK CARD

☐ PIN for Compass Check Card selected on Demomate

Demomate ID No. (7 digits) _____ Related Offset No. (5 digits) _____

- ☐ ADDING LISTED ACCOUNTS TO EXISTING CARD NUMBER _____

- ☐ I ACKNOWLEDGE RECEIPT OF COMPASS COURIER CARD NO _____ AND OF THE COMPASS ATM CARD AGREEMENT AND DISCLOSURE STATEMENT

I WANT MY CARD TO ACCESS THE FOLLOWING ACCOUNTS (must be an owner on each account):

Chk	Sav	Account Number	Chk	Sav	Account Number	Chk	Sav	Account Number
	P							
	P							

Signature _____

ID (Required) _____

ATM CARD APPLICATION

- ☐ I AM APPLYING FOR A COMPASS CHECK CARD

☐ PIN for Compass Check Card selected on Demomate

Demomate ID No. (7 digits) _____ Related Offset No. (5 digits) _____

- ☐ ADDING LISTED ACCOUNTS TO EXISTING CARD NUMBER _____

- ☐ I ACKNOWLEDGE RECEIPT OF COMPASS COURIER CARD NO _____ AND OF THE COMPASS ATM CARD AGREEMENT AND DISCLOSURE STATEMENT

I WANT MY CARD TO ACCESS THE FOLLOWING ACCOUNTS (must be an owner on each account):

Chk	Sav	Account Number	Chk	Sav	Account Number	Chk	Sav	Account Number
	P							
	P							

Signature _____

ID (Required) _____



PERSONAL DEPOSIT ACCOUNT SIGNATURE CARD

Date 09/08/2005	Prepared By Sharon L. Elmore	State, Branch No & Cost Center AL 407 30305
<input checked="" type="checkbox"/> New Account <input type="checkbox"/> Name Change <input type="checkbox"/> Add Party to Account <input type="checkbox"/> Appoint Successor Custodian		

ONLY ONE ACCOUNT PER CARD - USE BLACK MEDIUM POINT PEN

PARTIES TO THE ACCOUNT (NAME ONE OR MORE PARTIES)		
OCTAVIO TREJO PATINO		
SOCIAL SECURITY NUMBER 618-28-9866	BANK NO 077	ACCOUNT NO 26555744

RIGHTS AT DEATH (select one):

- ☒ SINGLE-PARTY ACCOUNT At death of party, ownership passes as part of party's estate ☐ MULTIPLE-PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP AND POD (PAY ON DEATH) DESIGNATION (Name one or more beneficiaries)

- ☐ SINGLE-PARTY ACCOUNT WITH POD (PAY ON DEATH) DESIGNATION (Name one or more beneficiaries)

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At death of party, ownership passes to POD beneficiaries and is not part of party's estate

- ☐ MULTIPLE-PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP At death of party, ownership passes to surviving parties

ACCOUNT AGREEMENT: By signing below, Customer (1) requests a deposit account with Compass Bank, (2) acknowledges receiving a copy of the Disclosure Booklet for Consumer Accounts and either the Disclosure for Interest Earning Consumer Accounts or the Disclosure for Non-Interest Earning Consumer Accounts, and (3) agrees to the terms and conditions of the account provided in those disclosures. If this form is being used to add a party to the account or appoint a successor custodian, the existing party agrees to the addition or change by signing this card.

Name OCTAVIO TREJO PATINO

Name _____

Signature [Signature]

Signature [Signature]

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

(Refer to the Disclosure Booklet for Consumer Accounts for a complete explanation of Backup Withholding Regulations)
Under penalties of perjury, I certify that:

- The Internal Revenue Service has not advised me that I am currently subject to backup withholding unless I check this block ☐
- I am a U.S. person (including a U.S. resident alien) unless I check this block. ☐
- ☒ The Social Security Number shown above is the correct Taxpayer Identification Number, OR
☐ I have applied for a Social Security Number (If number is not provided within 60 days, the account will be closed. If a withdrawal of \$500 or more is made prior to the Bank's receipt of this number, the Bank will withhold 28% from interest payments), OR
☐ All owners of this account are nonresident aliens and each owner has provided the appropriate completed Form W-8

Signature of Tax Record Owner [Signature]

ATM CARD APPLICATION

Sign me up for the fee schedule indicated:

- ☐ Per-Transaction Charge ☐ Monthly Fee ☒ Annual Fee

- ☐ I AM APPLYING FOR A COMPASS CHECK CARD

☐ PIN for Compass Check Card selected on Demomate

- ☐ ADDING LISTED ACCOUNTS TO EXISTING CARD NUMBER

Demomate ID No. (7 digits) 0000000 Related Offset No. (5 digits) 00000

- ☐ I ACKNOWLEDGE RECEIPT OF COMPASS COURIER CARD NO. _____ AND DISCLOSURE STATEMENT.

AND OF THE COMPASS ATM CARD AGREEMENT

I WANT MY CARD TO ACCESS THE FOLLOWING ACCOUNTS (must be an owner on each account)

Chk	Sav	Account Number	Chk	Sav	Account Number	Chk	Sav	Account Number
X	P	0026555744						
	P							

Signature [Signature]

ID (Required) 7459511

ATM CARD APPLICATION

- ☐ I AM APPLYING FOR A COMPASS CHECK CARD

☐ PIN for Compass Check Card selected on Demomate

- ☐ ADDING LISTED ACCOUNTS TO EXISTING CARD NUMBER

Demomate ID No. (7 digits) _____ Related Offset No. (5 digits) _____

- ☐ I ACKNOWLEDGE RECEIPT OF COMPASS COURIER CARD NO. _____ AND DISCLOSURE STATEMENT.

AND OF THE COMPASS ATM CARD AGREEMENT

I WANT MY CARD TO ACCESS THE FOLLOWING ACCOUNTS (must be an owner on each account)

Chk	Sav	Account Number	Chk	Sav	Account Number	Chk	Sav	Account Number
	P							
	P							

Signature [Signature]

ID (Required) _____



PERSONAL DEPOSIT ACCOUNT SIGNATURE CARD

Date 10/14/2005	Prepared By Hannah Dean	State, Branch No & Cost Center AL 407 30305
<input checked="" type="checkbox"/> New Account <input type="checkbox"/> Name Change <input type="checkbox"/> Add Party to Account <input type="checkbox"/> Appoint Successor Custodian		

ONLY ONE ACCOUNT PER CARD - USE BLACK MEDIUM POINT PEN

PARTIES TO THE ACCOUNT (NAME ONE OR MORE PARTIES)		
BARBARA S HAYNES		
SOCIAL SECURITY NUMBER 424-96-9759	BANK NO 077	ACCOUNT NO 28071124

RIGHTS AT DEATH (select one).

- ☐ SINGLE-PARTY ACCOUNT At death of party, ownership passes as part of party's estate. ☐ MULTIPLE-PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP AND POD (PAY ON DEATH) DESIGNATION (Name one or more beneficiaries)
- ☐ SINGLE-PARTY ACCOUNT WITH POD (PAY ON DEATH) DESIGNATION (Name one or more beneficiaries)

At death of last surviving party, ownership passes to POD beneficiaries and is not part of last surviving party's estate

***FLORIDA ONLY AND HUSBAND AND WIFE ONLY**
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At death of party, ownership passes to POD beneficiaries and is not part of party's estate

- ☒ MULTIPLE-PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP At death of party, ownership passes to surviving parties

ACCOUNT AGREEMENT: By signing below, Customer (1) requests a deposit account with Compass Bank, (2) acknowledges receiving a copy of the Disclosure Booklet for Consumer Accounts and either the Disclosure for Interest Earning Consumer Accounts or the Disclosure for Non-Interest Earning Consumer Accounts; and (3) agrees to the terms and conditions of the account provided in those disclosures. If this form is being used to add a party to the account or appoint a successor custodian, the existing party agrees to the addition or change by signing this card.

Name BARBARA S HAYNES

Name Ronda S Baird

Signature Barbara S Haynes

Signature Ronda S Baird

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

(Refer to the Disclosure Booklet for Consumer Accounts for a complete explanation of Backup Withholding Regulations)

Under penalties of perjury, I certify that

- The Internal Revenue Service has not advised me that I am currently subject to backup withholding unless I check this block ☐
- I am a U.S. person (including a U.S. resident alien) unless I check this block ☐
- ☐ The Social Security Number shown above is the correct Taxpayer Identification Number, OR
☐ I have applied for a Social Security Number (if number is not provided within 60 days, the account will be closed. If a withdrawal of \$500 or more is made prior to the Bank's receipt of this number, the Bank will withhold 28% from interest payments), OR
☐ All owners of this account are nonresident aliens and each owner has provided the appropriate completed Form W-8

Signature of Tax Record Owner. Barbara S Haynes

ATM CARD APPLICATION

Sign me up for the fee schedule indicated

- ☐ Per-Transaction Charge ☐ Monthly Fee ☒ Annual Fee

- ☒ I AM APPLYING FOR A COMPASS CHECK CARD

☐ PIN for Compass Check Card selected on Demomate

Demomate ID No. (7 digits) 0000000 Related Offset No. (5 digits) 00000

- ☐ ADDING LISTED ACCOUNTS TO EXISTING CARD NUMBER

- ☐ I ACKNOWLEDGE RECEIPT OF COMPASS COURIER CARD NO. _____ AND OF THE COMPASS ATM CARD AGREEMENT AND DISCLOSURE STATEMENT.

I WANT MY CARD TO ACCESS THE FOLLOWING ACCOUNTS (must be an owner on each account)

Chk	Sav	Account Number	Chk	Sav	Account Number	Chk	Sav	Account Number
X	P	0028071124						
	P							

Signature _____

ID (Required) 4644152

ATM CARD APPLICATION

- ☐ I AM APPLYING FOR A COMPASS CHECK CARD

☐ PIN for Compass Check Card selected on Demomate

Demomate ID No. (7 digits) _____ Related Offset No. (5 digits) _____

- ☐ ADDING LISTED ACCOUNTS TO EXISTING CARD NUMBER

- ☐ I ACKNOWLEDGE RECEIPT OF COMPASS COURIER CARD NO. _____ AND OF THE COMPASS ATM CARD AGREEMENT AND DISCLOSURE STATEMENT.

I WANT MY CARD TO ACCESS THE FOLLOWING ACCOUNTS (must be an owner on each account)

Chk	Sav	Account Number	Chk	Sav	Account Number	Chk	Sav	Account Number
	P							
	P							

Signature _____

ID (Required) _____